



01-23-06

PATENT

Attorney Docket No.: 144021

RCE  
IPW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kenneth Allen Poppleton

Serial No.: 10/805,039

Filed: March 19, 2004

For: METHODS AND SYSTEMS FOR  
CALIBRATING MEDICAL  
IMAGING DEVICES

:  
:  
: Group No.: 2882  
:  
: Examiner: Suchecki, Krystyna  
:  
:  
:

Mail Stop: RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
  - Amendment in Response to the Final Office Action dated November 9, 2005 (12 pgs.)
  - Amendment Transmittal with Certificate of Express Mail (3 pgs., *in duplicate*)
  - Request for Continued Examination (RCE) Transmittal (1 pg., *in duplicate*)
  - Return post card

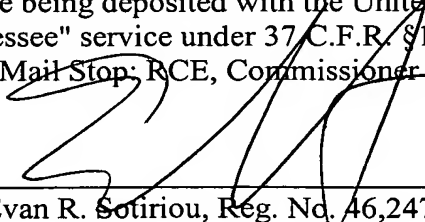
STATUS

2. Applicant
  - ☐ claims small entity status.
  - ☒ is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
THE COMMISSIONER FOR PATENTS

Express Mail No. EV 679303877 US  
Date: January 20, 2006

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to: Mail Stop: RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
Evan R. Sotiriou, Reg. No. 46,247

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) \_\_\_\_\_ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 120.00	\$ 60.00
_____ second month	\$ 450.00	\$ 225.00
_____ third month	\$ 1,020.00	\$ 510.00
_____ fourth month	\$1,590.00	\$ 795.00
_____ fifth month	\$2,160.00	\$1,080.00

Fee: \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

\_\_\_\_\_ An extension of \_\_\_\_\_ months has already been secured. The fee paid  
therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months  
of extension now requested.

Extension fee due with this request \$\_\_\_\_\_

OR

- (b)   X   Applicant believes that no extension of term is required. However, this  
conditional petition is being made to provide for the possibility that  
applicant has inadvertently overlooked the need for a petition for extension  
of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL INDEP.	MINUS		=	x \$25.00 = \$		x \$50.00 = \$
	MINUS		=	x \$100.00 = \$		x \$200.00 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$180.00 = \$		+ \$360.00 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

**OR**

- (b) ☐ Total additional fee for claims required \$ \_\_\_\_\_

## FEE PAYMENT

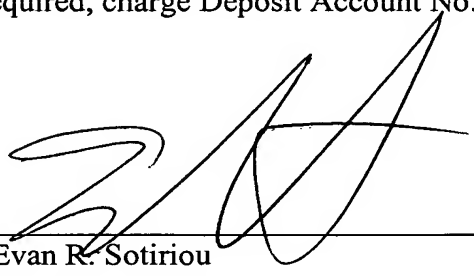
5. Attached is a check in the sum of \$ \_\_\_\_\_
- ☐ Charge Deposit Account No. 070845 the sum of \$ \_\_\_\_\_.  
A duplicate of this transmittal is attached.

## FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 070845.

**AND/OR**

- ☒ If any additional fee for claims is required, charge Deposit Account No. 070845.
7. ☐ Other:

  
 \_\_\_\_\_  
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